



**CITY OF GRAND RAPIDS
BUSINESS LICENSE APPLICATION**

TYPE OF BUSINESS LICENSE Ambucab/Ambulance/Taxicab/Pedicab Company

1. BUSINESS DATA

Business Name (DBA or other names used): _____

Business Location: _____
(Street Number and Name, City, State, Zip Code)

Mailing Address: _____
(P.O. Box or Street Number and Name, City, State, Zip Code)

Business Telephone: _____ Business FAX: _____

Business E-mail address: _____ Website Address: _____

Is building owned by applicant? (circle one) YES NO If not, Owner's name: _____

Address: _____ Phone Number: _____

Contact person for Inspection: _____ Phone Number: _____

Please check appropriate box(es): ☐ Existing Building ☐ New Construction ☐ Remodel ☐ Change of Use

Present Use of Building (if vacant, what was last use?): _____ Proposed Start Date: _____

Sales Tax License Number: _____ Federal ID #: _____

Sales Activity (circle one): NONE WHOLESALE RETAIL Do you dispense or sell: liquor _____ food _____
yes/no yes/no

Manager or person principally in charge of operation of business

Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

Individual in charge of Accounting Records (CEO, CFO, CCO)

Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

2. OWNERSHIP TYPE

Circle One:	Individual/Sole Proprietor	Sole Member LLC	Partnership
	Corporation	LLC	Other

A. Complete this section if you circled Individual/Sole Proprietor or Sole Member LLC.

Owner's Name: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

B. Complete this section if you circled Partnership, Corporation, LLC or Other.

Official Corporate Name: _____

Corporate Address: _____
(Street Number and Name, City, State, and Zip Code)

Telephone: _____ Fax: _____ E-mail: _____

Michigan Corporate/LLC ID #: _____ Date of Incorporation: _____

LLC Qualification Date: _____

List all Owners, Partners or Corporate Officers

1. Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

2. Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

3. Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

Attach list if there are additional persons.

3. I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 91 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.

Applicant's Printed Name **Applicant's Title**

Applicant's Signature **Date of Birth** **Date**

City Clerk's Office ☐ Approved ☐ Disapproved

City Clerk or designee **Date** **Rev 09-09**

City of Grand Rapids
Business License Application – Part II



This form must be submitted with all license applications. Applicants are required to read and initial all sections below.

Business Name: _____

I fully understand and have completed Part I of the application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable.

Initials_____

I understand that all fees are non-refundable and cover the cost of processing the application.

Initials_____

I understand the license year applicable to all licenses shall begin on July 1st of each year and shall end on June 30th of the following year.

Initials_____

I understand that licensing fees are not pro-rated for a partial licensing year.

Initials_____

I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license.

Initials_____

I understand that other departments needing to make a recommendation on my application may require an inspection.

Initials_____

I understand the business property must have the proper zoning classification before a license can be issued.

Initials_____

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location.

Initials_____

If a license is denied, I understand I must file an appeal in writing to the City Clerk's Office, 300 Monroe Avenue NW, Grand Rapids, MI 49503, within 10 days of notification of the denial.

Initials_____

I understand that if I do not renew my license in June, there will be late fees and/or penalties assessed up to and including a civil misdemeanor.

Initials_____

I understand that I will not be able to claim 100% Principal Residence Exemption if I am making my home or part of my home available for rental.

Initials _____

If an interpreter was used, please provide their name and number below.

Name of interpreter (printed) phone number

Additional Information for

TAXICAB, AMBUCAB AND PEDICAB

COMPANY LICENSE APPLICATION

Company Name: _____

Present Occupation: _____

Previous Occupations — (list all positions you have held in the last five years beginning with the most recent)

<u>Position</u>	<u>Name of Company</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

List all experience you have had that qualifies you to operate a taxicab, ambucab and/or pedicab business:

(use additional sheet if necessary)

Do you intend to operate a taxicab, ambucab and/or pedicab yourself? _____

Explain how your taxicab, ambucab and/or pedicab business will be financially supported (please be specific giving name of financing agency, amount of capital stock to be sold, amount of your personal assets you plan to invest)

(use additional sheet if necessary)

Financial Institution References:

(use additional sheet if necessary)

Describe in detail the proposed color scheme for the taxicabs, ambucabs and/or pedicabs:

Monogram or insignia to be used: _____

Number of taxicabs, ambucabs and/or pedicabs to be operated: _____



City of Grand Rapids
Affidavit and Indemnity Agreement
Downtown Vending Company

Applicants must complete and sign the below affidavit.

AFFIDAVIT

- I, _____, am the owner of _____, a Pedicab Company (the "Company")
- I am the legal owner of, or hold a controlling ownership interest in, the Company
- I am, or my co-owner(s) and I are, ultimately responsible for all hiring, firing, and disciplinary decisions of all persons employed by the Company
- If a partial owner of the Company, I have been authorized by my co-owner(s) to execute this Affidavit and enter into this Indemnity Agreement with the City of Grand Rapids on the Company's behalf.

INDEMNITY AGREEMENT

In exchange for a license to operate as a Pedicab Company under Title VII, Chapter 114 of the City Code of the City of Grand Rapids, I agree the Company

- Will be held accountable for the actions of any and all persons within its employ, so long as those actions are taken within the scope of said person's employment
- Will hold harmless and indemnify the City, any special service districts and their officers and employees for any claims for damage to property or injury to persons which may occur as a result of any activity carried on under the terms of the license.

I understand that I am certifying that these statements are true, and acknowledge that the information contained herein may subject me to certain penalties which include, but are not limited to, suspension or revocation of my Pedicab Company license.

Owner's Name: _____

Owner's Signature: _____

Date: _____